

MULTIPLE DEPENDENT CLAIM  
Best Available Copy  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-SGG/165	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER			
	IND.	DEP.	1 <sup>ST</sup> AMENDMENT	IND.	DEP.	IND.	DEP.	1 <sup>ST</sup> AMENDMENT	IND.	DEP.	
1				1						51	
2										52	
3										53	
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47										97	
48										98	
49										99	
50										100	
TOTAL IND.										TOTAL IND.	
TOTAL DEF.										TOTAL DEF.	
TOTAL CLAIMS										TOTAL CLAIMS	

CLAIMS	AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT	AFTER 2 <sup>ND</sup> AMENDMENT	AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT	AFTER 2 <sup>ND</sup> AMENDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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